



CEMETERY AND FUNERAL BUREAU
P. O. BOX 989003
WEST SACRAMENTO CA 95798-9003
(916) 574-7870 FAX (916) 574-8620



NOTIFICATION OF CHANGE

<input type="checkbox"/> Change of Managing Funeral Director \$50.00 Fee (Complete Sections A, B and F and, if applicable, Section C)	<input type="checkbox"/> Change of, or adding Corporate Officers \$50.00 Fee (Complete Sections A, D, F and attach Affidavit(s))
<input type="checkbox"/> Change of, or adding, Preneed Trustees \$50.00 Fee (Complete Sections A, E, F and attach Affidavit(s))	

SECTION A: ESTABLISHMENT INFORMATION

Funeral Establishment Name		License Number FD	Expiration Date	
Address		City	State CA	Zip Code
Contact Person for this application	Telephone Number ()	Email Address (Not required)		

SECTION B: CHANGE OF MANAGING FUNERAL DIRECTOR

Name of Previous Managing Funeral Director		License Number FDR	Date of Disassociation	
Name of Current Managing Funeral Director		License Number FDR	Expiration Date	Date of Association

Is this Funeral Director Designated as Manager at any other Establishment? No ☐ Proceed to Section F, if Yes ☐ Complete Section C

SECTION C: APPROVAL TO SHARE MANAGING FUNERAL DIRECTOR

(If applicable, establishments must be under common ownership and within 60 miles of the main office)

Name of Establishment Designated as Main Office		FD License Number	Miles From FD In Section A	
Address of Main Office		City	State CA	Zip Code

LIST ALL ADDITIONAL FUNERAL ESTABLISHMENTS MANAGED

License Number FD	License Number FD	License Number FD	License Number FD	License Number FD	License Number FD
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SECTION D: CHANGE IN CORPORATE OFFICER(S) (Please note, CCR Section 1213 (b) states in part; any transfer, in a single transaction or in a related series of transactions, of more than fifty percent (50%) of the equitable interest in the ownership of a licensed funeral establishment shall constitute a change of ownership and shall require assignment of the funeral establishment license)

CORPORATE OFFICER(S) TO BE DISASSOCIATED FROM THIS ESTABLISHMENT

Title	Last Name	First	Date of Disassociation

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Date Cashiered		Amount Cashiered		ATS ID Number		Receipt Number	
Affidavit's Received	Common Ownership Checked	Within 60 Miles	Application Approved	Relate License (If applicable)	New Establishment License Ordered (If applicable)	Duplicate Manager License Ordered (If required)	

SECTION D: CONTINUED			
CORPORATE OFFICER(S) TO BE ASSOCIATED TO THIS ESTABLISHMENT			
Title	Last Name	First	Date of Association
ALL OFFICERS ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT WITH THIS APPLICATION			
SECTION E: CHANGE IN PRENEED TRUSTEE(S)			
PRENEED TRUSTEES TO BE DISASSOCIATED FROM THIS ESTABLISHMENT			
Last Name	First		Date of Disassociation
PRENEED TRUSTEES TO BE ASSOCIATED TO THIS ESTABLISHMENT (Only one Trustee can be an employee or officer of the Funeral Establishment)			
Last Name	First		Date of Disassociation
ALL TRUSTEES ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT WITH THIS APPLICATION			
SECTION F: APPLICANT CERTIFICATION			
(Must be signed by the owner, if a sole proprietorship; a partner, if a partnership; or a corporate officer, if a corporation, this application may not be signed by the designated managing funeral director.)			
I certify under penalty of perjury under the laws of the State of California that there has been no transfer, in a single transaction or in a related series of transactions of more than 50% of equitable interest in the ownership of this licensed funeral establishment and that all statements furnished in connection with this application are true and accurate.			
Signature		Print Name	
Title		Date	

**CEMETERY AND FUNERAL BUREAU**

P.O. Box 989003

West Sacramento, CA 95798-9003
(916) 574-7870 FAX (916) 574-8620**CERTIFICATION AFFIDAVIT**

To be completed by each Owner, Partner, Officer, and Trustee (Make additional copies as needed).

I am completing this Affidavit as a:			
Sole Owner <input type="checkbox"/>	Partner <input type="checkbox"/>	Officer <input type="checkbox"/>	Trustee <input type="checkbox"/>
Name of Funeral Establishment, Cemetery or Crematory this Affidavit is Being submitted with			License Number of FD, CR or COA (If applicable)
Funeral Establishment, Cemetery or Crematory Phone Number ()		Residence Phone Number ()	
Last Name		First	Middle Initial
Residence Address Street		City	State Zip Code
Date of Birth	Social Security Number		Title (If applicable)
Have you previously submitted fingerprint cards or a copy of a Request for Live Scan Service Form to the Cemetery and Funeral Bureau? If yes , for what license, and the approximate date. _____ If no , submit a copy of your completed Request for Live Scan Service form, along with this application, verifying that fingerprints have been scanned and all applicable fees have been paid.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or pled no contest to, a violation of any law of a foreign country, the United States, any state or local jurisdiction? You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under Penal Code section 1000 or 1203.4. (Traffic violations of \$500 or less need not be reported.) If "yes," please attach an explanation that includes the type of violation, the date, circumstances and location, and the complete penalty received.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country If "yes," please attach an explanation that includes license type, action, and company name (if applicable), year of action and state.			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in the foregoing certification affidavit, including all supplementary statements.

Signature

Date

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Fingerprints on File with		Live Scan Results Received on	
Approved by	Enforcement Approval		Date

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c)) authorizes the collection of your Social Security Number (SSN). The disclosure of your SSN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with Section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Questions regarding this requirement must be directed to the Franchise Tax Board: So. California (800) 852-7050, No. California (800) 852-5711, or Sacramento at (916) 369-0500.